

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 100-262485 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5	3		1			
6	1		1			
7						
8	1		1			
9						
10						
11	1		1			
12	1		1			
13	5		1			
14	7		1			
15	2		1			
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50						
TOTAL IND.	2		2			
TOTAL DEP.	15	←	13	←	←	
TOTAL CLAIMS	17		15			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↓			↓	
TOTAL CLAIMS		←		←	←	